

Getting Started

Noelle R. M. Chapman

KEY TERMS

Credentialing—Credentialing is used by organizations to validate professional license, clinical experience, and other preparation for a specialized practice; qualifications documentation expected and/or required for a healthcare provider to practice in a specific setting.

Delegation—Delegation is entrusting a task or responsibility to another person, typically one who is less senior than oneself.

Practice Model—A practice model describes how pharmacy department resources are deployed to provide patient care.

Privileging—Privileging is a process to define specific services provided by a pharmacist practitioner; ensures the individuals that are granted privileges to perform said activities can demonstrate competency and have ample experience providing services.

Introduction

Congratulations on your decision to become a clinical coordinator! The first feeling you may be experiencing after the initial excitement is fear. If you experience a crisis of confidence when taking on new challenges, be assured it is a normal feeling. I have two pieces of advice to help you fight your way through it:

1. **Trust yourself and those around you.** If you have been offered a position as a clinical coordinator, chances are you have already proven you can be successful doing a portion of what will be required of you. This means you know more than you think you do! Additionally, positions are not typically offered unilaterally, so there were likely several people that made the decision to choose you. Trust your own experiences and their knowledge and wisdom to put you in a coordinator position. Your success is directly tied to theirs, so do not be afraid to consult them or other experts for advice, and follow your instincts.
2. **Learn from your mistakes, and let them make you better.** Remember when you first got your pharmacist license? You were really excited to be a “real” pharmacist, but then somewhere along the line you made your first error. You were terrified because the reality of your responsibility and power hit home in a very real way. Hopefully, we all take the errors we make and use them to transform ourselves into better pharmacists. Having a coordinator position is no different. You have a new level of authority and power that is exciting! You are actually going to make changes that improve the overall care of patients in a more wide-reaching way than before; however, like everything else in life, you should consult manuals, handbooks, and experts to help you through common issues and prepare you for circumstances that lie ahead. As humans, we are prone to error; we may communicate ineffectively or miss a deadline. Take your misstep, handle it graciously, and learn from it.

In this chapter, we will explore transitioning into the clinical coordinator role, evolving into an effective leader, and maintaining balance. This

chapter is meant to provide you with a road map for success by introducing you to some of the concepts developed throughout the book. Buckle your seatbelt!

The First 90 Days (5-point vehicle check)

Before you go on a road trip it is important to make sure your oil has been changed, the tires are aligned and at the right pressure, your lights and windshield wipers are in working order, and your gas tank is full. The last thing you want is to get partially through your trip and need a tow truck because your tires blew out. Starting out as a clinical coordinator is similar; all of the pieces must be in working condition to get you to your destination.

Vehicle Walkaround

When you rent or purchase a new vehicle, you are usually required to walk around the car to make sure every dent or scratch is taken into account. Until this point, I have assumed you have done the appropriate preparatory work to be an effective clinical coordinator. Make sure you have the information you need to start the journey and have assessed your new situation appropriately. Write down the answers to the following questions to ensure you have all the information you need to set personal goals.

Know your institution. Have you taken the time to familiarize yourself with your environment and its culture? What is your patient population? Does your institution serve a wide variety of patients with various clinical services, or does it have a narrower focus? For example, if you work at a large academic medical center, your clinical scope is going to differ from a mid-sized institution that primarily treats cancer or cardiac patients. Additionally, what is important to your institution? What is the vision and mission and specific goal(s) the institution is trying to achieve? This will become important as you set your personal goals to help to create a common language.

Know your department and staff. As a clinical coordinator you will be leading the clinical charge of the department. This is a key element for success. What is the **practice model** of the pharmacy? How does the department work with physicians, nurses, and other

healthcare professionals to positively impact patient care? How does the staff view professional development and experiential education? What are the demographics of the department? Working with a large group of recent graduates with specialized residency training will present very different challenges than working with a small staff of seasoned pharmacists. How integrated is technician practice? What is the departmental leadership like, and how do you integrate into that?

Know your job requirements. Where a clinical coordinator fits into the organization chart varies greatly from institution to institution. Some clinical coordinator roles are at a staff pharmacist level (preparing materials and guiding decisions of the pharmacy and therapeutics committee), whereas others are at a manager or assistant director level. Knowing how and where you fit in the department will drive the responsibilities of your job. What percentage of your time will be on the front line taking care of patients? What percentage is off-line office work? What are you expected to *do* versus whom are you expected to *lead*? What are required tasks and their frequency (e.g., are you responsible for preparing quarterly quality reports or running monthly clinical team meetings)? Are the expectations of the job realistic? Do you have an affiliation with a college of pharmacy and/or teaching requirements? Are your teaching requirements didactic or experiential? It is easy to get excited about the direction you want to move in or the changes you want to implement, but you will never make progress on those things unless you know and fulfill the tasks and responsibilities that are required of you.

Know yourself. It is important to have a firm grasp of your skills, abilities, and opportunities for improvement. This continual analysis will be discussed in more depth later in this chapter; however, if you cannot easily state what you are good at, what you are passionate about, and what your weaknesses are, spend some time identifying those pieces of information before you dive into the rest of this journey.

Oil Change

One of the crucial elements to vehicle maintenance is checking the oil. Before beginning any long trip, it is wise to make sure your vehicle has

had an oil change based on the manufacturer's recommended distance (e.g., every 3,000 miles). Likewise, when you are starting off as a clinical coordinator it is very important to assess your team. What is their attitude toward clinical programs? What about growth of those programs and themselves? How comfortable are they interacting with physicians, nurses, and patients? You need to have a clear understanding of the culture of the team, but more importantly you need to spend time getting to know the individual team members and assessing them as well. Who is motivated? Who is complacent? What are they comfortable doing, and how much do they "own" medication management? If your team is highly motivated and very clinically involved and you start off talking about adjusting medications for renal function, you will lose credibility. Listening to and assessing your team are essential.

How do you go about assessing a team? Initially, take the time to work alongside team members performing various duties and learn how they round, document, teach, and dispense. Work with technicians who perform clinical duties, such as taking medication histories, and with pharmacists from outside your department (e.g., transplant and medication safety pharmacists) to learn their responsibilities and how they integrate into your department. This knowledge will become invaluable because you will empathize rather than sympathize with staff members. Initially, you should focus on information gathering and not on introducing change. It takes time to know what your team does, but the initial investment will make work easier and more effective down the road. An added benefit to knowing what people do is getting to know them personally in the process.

Knowing people and developing a meaningful relationship with them is the cornerstone to accomplishing anything. It is perhaps the most time-consuming part of what you will do, but it is essential to being an effective and relevant coordinator. Not all of us are vocal, transparent, or communicate easily, and we do not all have the same values or motivations. How can you know the members of your team well enough within the first few months to start doing the things you want to do? Be systematic. Schedule one-on-one time with

each team member and emphasize that this is a two-way learning process. One technique that has been successful for me is to ask everyone the following series of questions:

1. What are your strengths?
2. What are your opportunities for improvement?
3. What are your interests?
4. What would you like to see changed?
5. What are your future career goals?

Although these five questions seem simple enough, you can learn a lot about a person from the responses you receive. Do they only answer in a pharmacy-related manner or as a whole person? Are they critical thinkers? What is their passion, or have they not yet determined that? If you get to know the people you are working with, you should be able to align their strengths and interests with your department/institution's goals to create a highly satisfying and productive environment for both of you. As with changing your vehicle's oil, it is important to ensure that this process occurs at a predetermined time interval. That interval will depend on the size and scope of your responsibilities and the role the clinician plays; however, having these conversations at least every 6 months keeps the engine running smoothly. As you continue past the initial few months in your role, your questions may morph or become less systematic. Ideally, you will not need to routinely ask question 4 because you will have built up such strong relationships with your team members that they will openly come to you with ideas or issues.

Tire Check

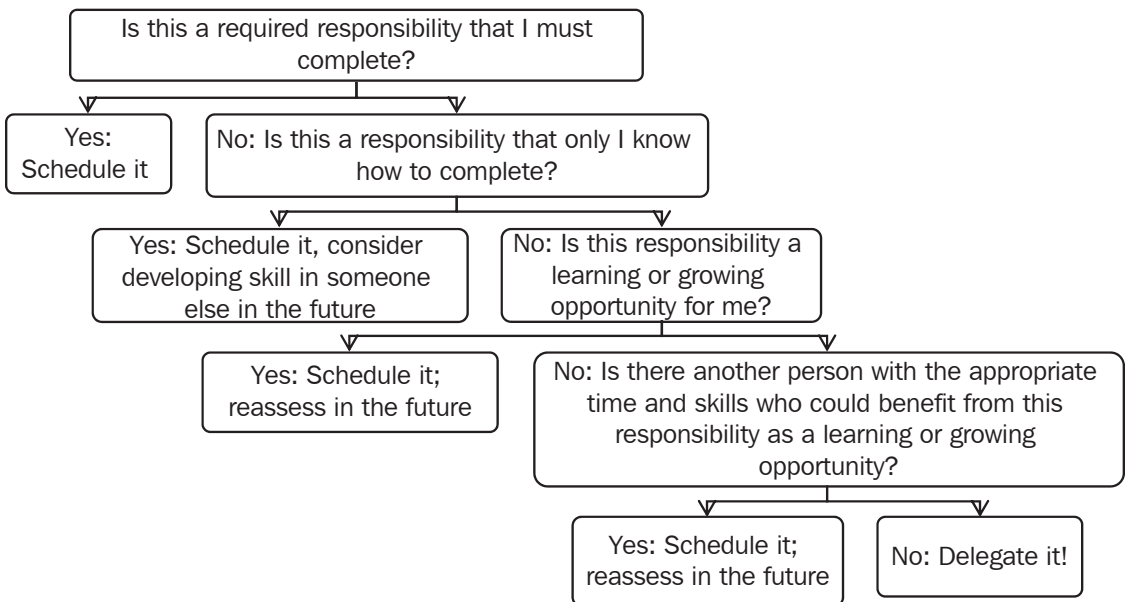
At some point the “rubber needs to hit the road,” meaning you have work to do and you need to make sure your tires are appropriately rotated, have enough tread, and have adequate air pressure. Knowing your requirements requires a balance among tactile responsibilities—doing and leading.

If you hope to make a positive impact on patient care, you need to know what is expected of you. What meetings must you attend, or lead? What reports need to get out and on what time frame? What metrics are you expected to work on? Hopefully at this point in your career you have mastered time management skills. Moving into a new level of

responsibility requires you to re-evaluate your skills. You may have to step back, assess your time commitments, and put everything back together in a way that is more effective. If you are starting at a new institution, this can be an easier process because you have left all your old job responsibilities behind. If you accepted a clinical coordinator position at the same institution, it can be a difficult process to let go of duties and make the transition. **Delegation** is often the most difficult skill to master at any level. You do not want to delegate tasks and responsibilities inappropriately because you may then be viewed negatively; however, it is necessary to delegate some duties otherwise you may be viewed as either a micromanager or someone who does not trust others. As a general rule of thumb, the questions you should ask yourself are listed in **Figure 1-1**. Thinking through and aligning your requirements and priorities will go a long way toward being an effective coordinator.

Having your tires rotated and aligned is only part of the process. Without the appropriate amount of tread (i.e., clinical coordinator's knowledge or skill), you can slip and slide all over the place. If you continue to self-evaluate, you will be one step ahead because you will know your opportunities for improvement before anyone else. (This applies to personal qualities as well as skills.) However, if you want to do the best job you possibly can, you must know where your gaps are and make a concerted effort to hone your skills. You have already started personal assessment by taking stock of your requirements and expectations. Use this list to identify what abilities are needed to meet expectations. A common way to think of your skills is to divide them into the following three categories: tactile (technical or clinical skills), professional, and leadership. When making your list of necessary skills, do not overlook the obvious such as baseline clinical knowledge in a particular subject or knowing how to operate the pharmacy computer system. Clinicians can become ineffective simply because they were trying to make clinical recommendations that computer systems or formularies do not support. Once you have a completed list, be honest with yourself about your abilities in each area. **Figure 1-2** contains examples of potential skills necessary for a clinical coordinator role. These are just a few examples to get you started (the table is not intended to

FIGURE 1-1. Delegation Flow Chart



be all-inclusive). Evaluate your level of comfort or knowledge for each skill. In addition to self-assessment, it is beneficial to have a mentor or coworker fill out the table so you have a more accurate view of where you need to exert your energies to get desired traction. Once you have identified your personal gaps, there are various ways to address filling in those gaps, such as developing a personal action plan. Almost always, this plan will include consulting your mentor, education, and reassessment.

Taking a look at the air pressure in your tires helps you to avoid serious issues. It is the same with analyzing your team's skill gaps. Once you have completed your self-assessment, do the same with your clinicians. Often coming up with the list of abilities your team members need is easier than coming up with your own, but validating their abilities is more difficult, especially when it comes to abstract qualities like communication and decision-making. As with gauging tire pressure, you will need a tool to assess whether their assessment of their comfort and knowledge is under- or overinflated. The tool's effectiveness relies on defining what high, moderate, and low comfort/knowledge means. There is no need to reinvent the wheel as it is likely your institution already

has some of this defined as part of its annual evaluation process. For the areas that are not defined, consult with your leaders and team to set definitions for the group. For example, how do you assess another pharmacist's communication skills regarding clinical decisions? One way may be to have them submit three or four examples of notes they have written in patients' charts. Another way would be to survey nurses, physicians, and other team members as you surveyed your mentors and colleagues when doing your own skill assessment.

Once you are further along in your position, surveying and assessment will become less formal because you have built relationships; however, it is important to have a process for reassessment (perhaps through the annual evaluation process) as the intention of identifying gaps is to eventually fill them. What was once an opportunity for improvement could potentially become a strength, so you want to guard against pigeonholing your team members or yourself.

Headlights, Tail Lights, and Brake Lights

Lights are an important safety feature on any vehicle. They help you to see where you are

FIGURE 1-2. Skill Assessment Chart

	Necessary Skill or Ability	Level of Comfort or Knowledge		
		High	Moderate	Low
Tactile	Medication order review			
	Patient discharge education			
	Knowledge base: cardiology			
	Communicating with team on rounds			
Professional	Effective meeting management			
	Implementing plans			
	Communicating with other departments			
	Making patient-focused decisions			
Leadership	Direction setting			
	Role modeling			
	Team building			
	Organizational involvement			

going and work to communicate your actions with those around you. In this way, your headlights, tail lights, and brake lights are your institutional leaders. You need them to see where you are going and direct your vision and plans. Anticipate working with some leaders more than others; identify these leaders and set up interviews with them. Be thoughtful about your list as everyone's time is valuable, and you want to be considerate and effective. For example, having a relationship with the chief executive officer could be beneficial, but unless you are at a director level or above it is not likely an appropriate use of his or her time or your own. Your list should include pharmacy leaders (which you will already know from your walkaround and assessment of your team); appropriate senior management; nursing managers; key medical staff; safety and quality members; and information technology personnel. During your meetings, ascertain their opinion of current clinical pharmacy services and their future expectations for scope and quality. The primary goals of these interviews are to listen and develop relationships. Come prepared with questions, but make sure to be conversational to facilitate your goals. Because you will meet with or talk to these people frequently, do not feel you need

to discuss everything in this initial interview. Write down ideas mentioned during these interviews as they may help you generate alignment and quick wins when you start working toward development.

Depending on how progressive your institution is regarding pharmacy practice, you may be disappointed by some of the opinions or the information you receive. Do not be discouraged! Elevating pharmacy practice and affecting positive change in your institution may be part of the reason you were hired. It is far more important for you to get an accurate idea of how clinical pharmacy practice is viewed during these interviews than to start pushing an agenda immediately. This will help you see down the road to create common goals and set the tone for future practice.

Making Sure the Wipers Work

Have you ever been in a vehicle and the windshield wipers do not completely clear off the windshield? Fortunately this problem has a simple remedy, but you have to think ahead and check the wipers before you are on the road in a rainstorm. As you start your journey as a clinical coordinator, do not wait to have

issues before identifying a mentor. A mentor is an experienced and trusted advisor and is commonly referred to in business, leadership, and educational literature as a key component to success. If you do not have an established mentor, there are resources available to find a mentor; however, the best place to look for a mentor is right within your organization. Some key questions to consider when choosing a mentor have been described in the pharmacy literature¹:

- Do you have a sincere willingness to grow?
- Do you admire this person professionally?
- Do you feel comfortable with this person and trust your conversations will be held in confidence?
- Is this person positive, optimistic, encouraging, and enthusiastic?
- Are you okay with having this person be candid with you and challenge you to reach your career potential?
- Are you willing to share your fears, failures, and concerns?

Like checking your windshield wipers routinely, maintaining a mentor–mentee relationship requires frequent contact. Once you have established a mentor, make sure to routinely schedule meetings. This is especially important during the first 90 days as you get to know each other.

Filling the Gas Tank

Now that you have assessed your team, figured out what you need to do, built a personal network, and established a mentor relationship, you have the required pieces to start planning what you would like to accomplish. Having a firm but flexible plan is like having gas in your tank—you will not get far without it! Strategic planning will be discussed in more detail later in this handbook, but there are several key components you will need in the first 90 days.

- **Issues.** Your list may be lengthy at first and should contain information gathered from your team, your own observations, and interviews with institutional leaders.

- **Resources.** You need to know what you are working with and what is working well. This list should include both tangible resources like computer systems and intangible resources like motivated personnel, which show leadership potential.
- **Metrics.** What measures does your institution aim to hit? Which ones are looming that you could potentially impact? Think outside the box, and take into consideration the views of those you interviewed.
- **Needs.** It is unlikely you began this position with everything you need at your fingertips. Define what you need to get the job done (note that this is different than the list of issues). Again, the items may be tangible (e.g., a reliable pharmacy documentation system) or intangible (e.g., preceptor development).
- **Priorities.** Determining the issues of highest importance will help you define your short-term and long-term focus.

Every trip has its unavoidable developments. You may get into a fender-bender or get a flat tire; however, if you prepare adequately you can minimize your risks and increase your chance of a successful journey.

Evolving into a Leader

It is essential to see ourselves as leaders so we need to devote time toward developing leadership skills. The levels at which we lead may be different. Some people lead entire departments, and some lead clinical initiatives. On the most basic level, we all should be leading medication management for our patients. As a clinical coordinator, you are expected to lead *something*, so starting off with a plan to develop or enhance your leadership skills will increase the likelihood of your success.

Leading You

One of the most inherent yet overlooked leadership principles is that to lead you need someone to follow. Why would someone follow you? Do you have great ideas or natural charisma? Do you stand for something? There is not just one

type of leader. Obviously, everyone cannot lead all of the time. What and when you lead will emerge through your personal style.

Your leadership style is a compilation of many things such as your inherent qualities and abilities, your conflict resolution abilities, your views on change, etc. To be an effective leader, you need to really know yourself. The famous psychologist Viktor Frankl once said, "Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and freedom."² Having a good sense of self can move you from

Stimulus→Response

to

Stimulus→**Choice**→Response

Becoming less reactionary will likely lead you to make choices that can result in happiness and success. Earlier in the chapter you were asked to think about what you are good at, what you are passionate about, and what your weaknesses are. This is just the tip of the iceberg. Below are some activities that are used with departmental leaders and trainees to increase self-awareness. By no means is this an exclusive list, but it can help you get started. The important part of any of these activities is honesty. View yourself as you really are, not as you think you should be. It is helpful to validate results with someone who will keep you accountable, such as your mentor.

Personality Assessments

There are several types of personality assessments available (see Chapter 8: Staff Development—10 Factors to Guide Performance and Chapter 14: Leadership from the Clinical Coordinator's Perspective). One of the most widely used assessments is the Myers-Briggs Type Indicator (MBTI) based on the psychological typology identified by Carl Gustav Jung and further developed by Katharine Cook Briggs and her daughter Isabel Briggs Myers. The assessment identifies your natural preferences in a series of four dichotomies: extraversion (E)/introversion (I), sensing (S)/intuition (N), thinking (T)/feeling (F), and judgment (J)/perception (P). Another common personality assessment is the DiSC assessment that focuses on four different personality traits: dominance, influence, steadiness, and conscientiousness.

A certified administrator should perform the assessments, and many institutions have it available; however, if not available, uncertified assessments are available on the Internet.

The purpose of a personality assessment is not to typecast you but to bring insight to your preferences and how you direct your energy and efforts. If you know your natural tendencies, then you have the opportunity to make cognitive decisions and interactions to either enhance or modify your natural tendencies. For example, my natural preference is to be introverted. I decided that to do the things I wanted to do, I needed to be more comfortable in social settings. I pushed myself out of my comfort zone and, over the course of time, adapted my tendencies to become more extroverted. Please note that there is nothing wrong with being an introvert. Personality testing is not intended to state that one preference is better than another. I share this example because I made the conscious choice to shift my tendencies; knowing yourself and your preferences is what allows you to do that. To know which direction you need to go, you need to know where you are.

Conflict Management

As with personality testing, there are many different options for determining your conflict style. Most of the conflict style inventory tests were designed on the basis that there are five main conflict styles, most commonly referred to as directing, harmonizing, compromising, avoiding, and cooperating. Similarly, there is no right and wrong conflict style, but there are advantages and disadvantages to each. As you shift into the new role of clinical coordinator, you will find that there will be times when you have to play peace keeper between conflicting parties. You may need to make a hard call on a patient's therapy, or there may be battles you simply want to avoid. Knowing your conflict style will allow you to move along the continuum to be most effective. Sometimes to stay true to who we are, we need to change tactics.

Mission Statement

In my opinion, the most important thing you can do to develop yourself is to have a personal mission statement. We all have a visionary self: the person that we want to be. I have yet to meet a person who says "I want to make bad

decisions,” yet we all do from time to time. Your personal vision takes into account all the various pieces of you (deciphered from the above assessments) and leads you to your visionary self. Your mission should be based on your unique personal values and principles. It should focus on what you want to be and do, so it can serve as a guiding light through your future decisions. If you have never written a personal mission statement, make it a priority to do so right away. It is a difficult endeavor you likely will modify over time, but without one you cannot have a solid professional or leadership mission, and your goals are just tasks without context in a bigger picture.

Goal Setting

Although many people cringe at the thought of New Year’s resolutions, I love the concept. What a perfect time to think about your personal mission and determine what you will do to reach it. The steps toward reaching that mission are your goals. If you have never set personal goals, there are many tools available to walk you through the process. Regardless which process you decide on, make sure to write your goals down and to make them SMARTER.^{3,4}

Specific—Who, what, where, when, which, and why

Masurable—Determine if you have met the goal

Achievable—Attainable but not too easy

Relevant—Consistent with mission and other goals

Timebound—Set a due date

Evaluated—Bring out the yard stick

Reviewed—Consistent reminder of what you want to achieve

Personal Development

If you read any leadership or personal development books and articles, you will find that everyone has a set of principles on which they build their theories. Below are five leadership principles from my readings and experiences that are applicable to my practice in the clinical pharmacy arena.

1. **Team building is essential to success.** You are not alone in your quest for better

patient care. Think about the information you have gathered from your team, discuss with your mentor, and start building.

2. **Surround yourself with people better than you.** This is not intended to suit the self-deprecating. The reality is that we cannot be the best at everything. In your personality and conflict assessments you should have learned the value of people who think and act differently than you do. Find those with amazing talent and those that complement your gaps, and get them on your team to make your concerted effort stronger.
3. **Align and empower.** You can have an amazing team and the best people surrounding you, but if you are all moving in different directions, you will accomplish very little. Have a plan and communicate it clearly and often. Set and communicate clear expectations, and hold yourself and others accountable to those expectations. If you have done a good job surrounding yourself with talent, empower those people to use their talents to execute the plan. You want to create an open environment where people are free to be creative within their limits. As a generalization, pharmacists tend to be a little meticulous. Do not let your own meticulousness get in the way of what you want to accomplish. For example, if you are implementing an antimicrobial stewardship team, have your team train all of your staff to recognize and be able to make recommendations for the most common antimicrobial scenarios in your institution. You do not need an infectious diseases specialist to dose vancomycin or treat community-acquired pneumonia. Save their expertise for the situations that really need them.
4. **Have a system for accountability.** As with your own personal or professional goals, write down what you are working toward as a team. Check in with your team members to ensure that they are hitting deadlines and maintaining service standards.
5. **Inspire.** Your role as a clinical coordinator means people are looking to you for direction. If you do not give positive feedback, those people will eventually lose interest

and become callous. Inspire them to work toward your common goal. Communicate quick wins, and reward participation and hard work. You do not need to break the bank to do this. Simple thank-you cards and a positive attitude goes a long way (so does pizza or chocolate—people love food).

Although these five principles are what I have found to be the pillars in my leadership success, find ones you are comfortable with and that work for you.

Lifelong Learning Plan

Maybe you are reading this thinking, “I already know this. I know myself, and I’m not new to leadership, but I’m looking to sharpen my skills.” Terrific! There is always something new to learn or a skill to improve. To know what those are in ourselves, we need a lifelong learning plan. As you master certain skills or your path leads you in new directions, your learning plan may morph, but there are some fundamentals to help you stay on your game.

Reading. It is exceptionally difficult to stay on top of medical literature! It is so overwhelming to see so many new articles come out and not be able to scratch the surface. Establishing a reading plan leads to many benefits. First, determine what journals, subject areas, or professional social media sites you are either interested in or need to stay on top of for your job. Now that you are in a leadership role, consider some journals outside of pharmacy that have a business focus, such as *Modern Healthcare*, *Becker's Hospital Review*, and *The Wall Street Journal*. Then set up an electronic CliffsNotes version of those items. Many journals, websites, and libraries will compile a list of new postings or articles and a brief description so you can quickly scan to pull out those you want to further explore. Be discerning. First, review the abstract to get the gist of what you need to know. By doing this, you create your own mental card catalog that enables you to review that reference when you need the details. Have a similar process for listservs and professional social media sites. To organize your information, create email folders for the compiled lists you receive. Periodically go through those folders and, if you have not used any of the information in there, edit your

initial list. If something new catches your attention or your focus moves in a new direction, you may need to add to your initial list. In addition to periodic literature, read books or magazines for pleasure. Not only is it a great way to relax, but it also gives insight to generate creative solutions to problems or helps you to see situations in a different light.

Professional organizational involvement.

There are many benefits to being actively involved in professional organizations, and education is one of them. Education through professional organizations comes in many formats: live CE sessions, roundtable discussions, webinars, online resources, journals, etc. However, I have found that the most useful educational points I gain are through networking with people who are facing similar issues. To reap these benefits, you need to be engaged. Choose an organization that speaks to you—whether it is local or national, focuses on a specialty practice area, or has a more general approach—and explore various ways to get involved. Sometimes information on how to become involved is detailed on a website, such as the ASHP Section of Inpatient Care Practitioners.⁵ Most organizations have many opportunities to get involved that do not require a large time commitment. One of the easiest ways to find out more is to attend the organization's networking events, which are typically smaller in size than a meeting with the opportunity to meet people face-to-face. There are usually sign-in sheets where you can leave your email address and request more information. However you choose to get involved, professional organizations provide you with an opportunity to stay up-to-date with issues and receive current educational information.

Building your portfolio. Reading and educational sessions only take you so far. Sometimes we need opportunities to sharpen our skills or explore things on a deeper and formal level. Fortunately there are several established voluntary postresidency educational opportunities including certificate programs, certifications, and degree programs within the profession. These opportunities are very important not just to keep you abreast of knowledge, but to keep you informed on the significant changes of pharmacists' roles on the health-care team. In your role as clinical coordinator,

you may be expected to expand services to include more direct patient care opportunities or develop specialized teams. **Credentialing** helps to demonstrate competency in advanced practice areas, helps in the pursuit of compensation for services, and helps to elevate our accountability to our patients. ASHP has a useful resource center that outlines resources and the importance of credentialing and **privileging**.⁶

Certificate programs (also called *practice-based continuing pharmacy education activities*) are typically awarded by educational institutions or pharmacy organizations and include didactic instruction, demonstration of professional competency, and/or simulations. They are shorter in duration than other programs listed but longer than a standard continuing education session. Some examples of certificate programs include immunization delivery, medication therapy management, and diabetes management programs. Traineeships are similar to certificate programs but tend to be of a longer duration (e.g., 5 days) and have a more intense individualized focus.⁷ There are traineeships available for specific clinical areas (e.g., pain and palliative care) as well as in leadership training (e.g., Pharmacy Leadership Institute).

Certifications are granted to pharmacists who have demonstrated a level of competency beyond that needed for licensure in a focused area of practice. Pharmacist certification programs are primarily undertaken by the Board of Pharmacy Specialties (BPS). To achieve certification, a pharmacist must successfully pass a written examination. Some specialties also include an experiential component. Specific continuing education modules or re-examination are required for recertification. Some certification specialties include pharmacotherapy, oncology, and ambulatory care pharmacy; however, BPS is consistently reviewing petitions for new specialties.

Degree programs are available at any higher education institution and are not necessarily pharmacy specific (e.g., master's in business administration); however, the ASHP Foundation offers the Pharmacy Leadership Academy (PLA), which takes general business and leadership principles and ties them in with pharmacy practice. The program consists of

various modules on a range of critical topics, incorporating self-learning and reading, presentations, and case-based interactive components. The PLA is recognized by colleges and universities as a graduate-level program, and participants are eligible for consideration of waiver of graduate credit hours toward a master's degree (e.g., master's in healthcare administration).

Depending on whether you are looking to hone a particular clinical skill or have a more broad-based approach to your growth, building up your portfolio can have long-lasting personal and professional benefits.

Leading Others

There are too many leadership concepts to adequately cover in this chapter (see suggested readings); however, there are a few concepts to be thoughtful of at the beginning of your tenure as a clinical coordinator to avoid pitfalls along the way.

Leading “Friends”

A natural part of working alongside people is forming friendships. One of the most challenging aspects of becoming a clinical coordinator is guiding those you are currently working beside or have recently been your peers or friends even if you do not have people reporting directly to you. Although there is no magic formula to follow, and peer leadership is fraught with peril, some basic building blocks can help you avoid disasters along the way.

Deidentify. Leading peers can be difficult because you know them on another level. The pitfall is that sometimes this can lead either to favoritism or reverse favoritism (being harder on those you know). A helpful technique when determining how to approach a situation is to do what we do in clinical education: deidentify. Personalize after you have decided on a course of action. For example, when you treat someone with heart failure you look at their symptoms and test results to determine what treatments they need. After you determine the course, you adjust the angiotensin-converting-enzyme inhibitor to ensure that it is covered by insurance or change the timing to be compatible with the patient's lifestyle. Gather the facts, respect the rules, and be consistent. If you can adopt

this approach, you will avoid bending the rules or having different expectations for friends.

Privacy. Being a clinical coordinator is a position of authority. Like it or not, that means that there is a larger target on your back than there was before. Consistency in upholding your values has become more important. As a general rule, we need to be cautious of what we allow people to see on social media. Although people like to have fun and let their hair down, do not advertise your escapades with your friends. Being accepted and being respected are of equal importance as they directly relate to your professionalism. In addition, your coworkers may bring forward items of sensitive nature. Confidentiality is important as well as knowing when to elevate something of a critical nature.

It is not about you. As much as we have focused on getting started, knowing yourself, and developing your skills, the bottom line is that this is all for a bigger purpose and not for your own benefit. By keeping the spotlight on what you want to accomplish, you will show you are working toward the good of the whole and not just for yourself or a certain select few.

Breed competence. Earlier we discussed surrounding yourself with people who are better than you. If your peers are objectively practicing at the top of their game, it becomes more about them getting what they deserve and less about you handing out favors. I have found that people I chose to surround myself with are hardworking, intelligent, and self-driven. These are qualities that I respect and admire regardless if they are coworkers, friends, or both. Surrounding myself with greatness has not only made me better, but also has made peer leadership much easier.

Be aware of distrust. There is always someone wanting to fight “the man.” No matter what you do, there will be people who automatically distrust you because of what you stand for instead of whom you really are or what you are working toward. Stay true to core values and you will not have to waste your time trying to fight other people’s issues.

Use what you know. There is one advantage to leading peers. You know firsthand what they want to accomplish and the frustrations that are holding them back. Use that knowledge to make things better. It may not be on upper

management’s radar that it takes 47 clicks to write a pharmacokinetic note in a patient’s chart, but it might be a huge annoyance to the staff. Help to resolve some of these smaller issues and you will gain support from your peers.

Accountability. Whether you are interacting with your friends, peers, or people who refer to you as their supervisor, accountability is essential. Additionally, you need to be accountable for the expectations of your position. Accountability can be viewed either as a support group or a stick depending on your approach and the situation. In theory, it should be much easier to hold those you are friendly with accountable, but that is not always the case.

Authentic Leadership

The skills required for leadership—motivation, clear communication, influence, and organization—are not a secret. Some ways to develop or acquire these traits are described above. How to use these traits in practice is much more difficult. Think back to some of the most effective and influential people in your career. Did they appear to use the above skills as tools, or were the skills seamless with their personality? Did they behave differently in front of peers than in front of people they were leading? Or were they consistently genuine in every interaction? As you start out on your journey, you will acquire skills and knowledge that make you a stronger and better practitioner and leader. Do not wield those skills as weapons in an arena. Incorporate them into who you are and how you react so you are genuine in your approach. There is no one clear profile for a great leader. Because you have taken the time to know yourself, use your natural strengths to enhance who you are as a clinical coordinator. Use your head, but lead with your heart. Be *authentic*. This is a true challenge, however, as you are starting out. If you begin with this as your target, you will be less likely to get caught up in the work, stress, or power of your position.

Balancing It All

If you have more than one interest or responsibility, you have probably faced the challenges of trying to balance it all. It can be difficult to find your new normal especially after transitioning into a new role. The quest for sublime balance is like searching for the Holy Grail, and, gener-

ally speaking, we put too much value in having equal attention to the yin and yang portions. We all have finite abilities and time and have to identify where to allocate those at any moment. We are shooting for a time balance chart in **Figure 1-3** to feel balanced. The reality is that there will always be peaks and valleys as in **Figure 1-4**.

The amount of time we allocate to each interest is based on many variables. What do you *need* to do? What do you *want* to do? What requires more concerted effort? What is more self-sustainable? What acute events are occurring in each domain? How motivated are you? To devote time to something, it automatically takes time away from something else, so

FIGURE 1-3. Idealized Time Balance Chart



FIGURE 1-4. Realistic Time Balance Chart



the pressure we put on ourselves to do it all becomes a mathematical equation.

Another way to think about balance is to look at life like a dinner plate. What you choose to put on the plate and the portion sizes are up to you, but you only have one plate and only so much can fit on it. Do you eat the same items in the same portions for every meal? Whether you are referring to managerial–clinical balance, job–professional involvement balance, or work–life balance, many of the same principles apply. Let's look at some ways to have a successful and balanced approach.

Pearl #1: Make healthy choices

An essential component to balancing it all is making choices that are in line with what you are trying to accomplish. It is very easy to feel overwhelmed or get caught up in saying yes to every opportunity if you have not defined your personal goals. Setting personal goals helps you to see your life as a whole and *why* you are doing things when you may not particularly want to be doing them. Your goals guide what you choose to put on your plate and help define your priorities.

Pearl #2: You took it, you eat it

One of the most difficult positions I have ever had required a 50/50 split between front-line responsibilities as a clinical pharmacist and managerial oversight of five clinical specialties. It was not difficult because the expectations or the scope were unreasonable, but because I had to balance time between leading and doing. I quickly came to realize that when I was fulfilling my role as a clinician, the responsibilities of being a department leader did not dissipate. I could manage my schedule to have meetings on my off-line days or split patient coverage with my partners in any number of ways, but I had to face that you cannot plan crises or change the way that people view you from one day to the next. I had taken a slice of the leadership pie, and although the size of my slice would change from day to day, I would always have at least a little bit on my plate. (Incidentally the same concept can be applied to parenting.) Accepting that who I am and what I do are entwined, and that I chose the piece of pie to begin with allowed me to come to terms with the fact that I took it and now I had to eat it. Once you accept that there are certain foods that will be on your

plate daily, it becomes much easier to shift the foods around those items.

Pearl #3: Control portion size

Of equal importance to acceptance is empowerment. Regardless of the items you have on your plate, you can moderate how much or how little you take on a daily basis. When attempting to balance clinical versus managerial responsibilities, it is acceptable to focus your time and put your best effort forward. If you are responsible for direct patient care, spend the time taking care of your patients. Trying to work on your other responsibilities while you are rounding only will distract you from your priority and decrease your efficiency. Likewise, if you are working on a project and keep getting interrupted to take care of clinical issues, your project will suffer. This concept is incredibly difficult to execute in the current age of instant electronic gratification, so it is especially important to set boundaries. Designate a time (or times) for these maintenance activities so you can devote 100% of your effort to what you are doing. Depending on your clinical model and capacities, changing your physical location can also help. Staying on the nursing unit when fulfilling clinical responsibilities keeps you closer to the patients you are serving and also decreases office distractions. Compartmentalizing will not always work as there are emergencies or high-priority situations that will arise on both sides, but if you can set up this type of framework then your work will be completed with 100% effort 100% of the time instead of 50% effort all of the time.

Similar to controlling your focus, become comfortable setting limits for yourself. Some work will never be done. There is always more we can do for our patients, final touches we can add to make projects better, or emails to be answered. Control how much time you allow yourself to devote to individual activities. Both these tactics will allow you to shift your attention to another portion of your plate and allow you to feel a sense of empowerment that often gets lost when we try to do too much for too long.

Pearl #4: Find your motivation

No matter how good you are at setting goals, accepting your choices, and empowering your-

self, motivation is a necessity. Finding motivation and keeping it in front of you, like hanging a picture of yourself on your refrigerator when you are dieting, will help you through any number of situations. Internal motivation is likely what brought you to where you are in many sectors of your life including this role as clinical coordinator. Internal motivation is a key factor to success, but supporting that motivation externally is a key factor to balance. Surround yourself with people who will keep you accountable to your goals and lift you up through the process, such as friends, family members, and mentors as well as professional organizations. Active involvement in professional organizations allows you to learn from people who are facing similar issues while giving back what you know. It does add another item to your plate; however, it is like gravy on your mashed potatoes: it enhances many of the other things you are eating.

Pearl #5: Nutrient timing

A key principle to healthy eating is nutrient timing. This is the concept behind increasing the number of frequent, smaller meals or not eating after 7 p.m. You want to consume most of your calories when you most need them. In the same way, time management is key to maintaining balance, especially with positions of split responsibility. If you have struggled with time management in the past, now is a good time to hone your skills and establish new habits. There is a lot of literature on how to best manage time, and we all need to figure out the things that work for us, but here are a few universal principles to help get you started:

- **Identify your goals.** Everything comes back to clearly defining your goals. If you know where you are heading, then you will make choices that help get you there.
- **Develop your sense of time.** Have you ever worked on something and wondered why it took so long to complete, or felt exhausted at the end of the day, but when you thought back you had no idea what you spent your time on? Take a few days and record every activity you are involved in and how long it takes you to complete it. This will give you an idea of where you

are wasting time and also help you to better estimate how long the tasks actually take.

- **Be structured, yet flexible.** You need to have a plan of attack to execute well; however, do not get so attached to your plan that you cannot adapt to the unexpected. At any moment you could have a patient that is crashing, a personnel emergency, or a sick family member. You have to be flexible, but not having a plan will make you less efficient.
- **Actually manage your time.** Some people feel that time management is simply managing their calendar or making lists. Time management also includes delegating responsibilities, managing meetings, helping people to stay on task, and following a routine.
- **Have a daily to-do list.** Writing down what you need to accomplish is helpful, but make sure you are prioritizing your list on a daily basis. I have a general rule of thumb to have a maximum of three tasks on my daily to-do list so that I can actually accomplish what I need to accomplish.
- **Outline clear expectations.** Learn to communicate clearly regarding time frames and requirements. This is particularly helpful when working in groups. At the end of conversations or meetings, recap tasks, the people responsible for completing them, and corresponding deadlines to make sure everyone is on the same page.
- **Learn to graciously decline.** You will never stay in balance if you blindly agree to every opportunity that presents itself. Ask for time so you can think about which of these opportunities fits into your goals on your own time. You should never have to make a large decision in haste. If you decide to turn down an opportunity, make sure to be respectful and thankful for the offer.
- **Be positive.** Just like you have choices about what you put on your plate, you have a choice about how you view your

responsibilities. If you can see your glass as half-full instead of half-empty, it will make it easier to cope when things get tough.

- **Manage yourself.** Everything you are involved in will fall apart if you do not take care of yourself both physically and mentally. Schedule time for exercise, alone time, sleep, or whatever you do that makes you feel you are investing in yourself.

Pearl #6: Forgive and forget learn

Balancing the various aspects of life is difficult. There are many demands on your time coming from various angles, and knowing where to put your energy is not always clear. (Even if it is clear, we do not always do what we know we should!) You might take too large of a helping or someone might reach in and eat off your plate. One skill we all need to master is forgiveness. If you are a person who harbors guilt, then learn to forgive yourself. If you are a grudge holder, learn to forgive others. One mistake I believe that people make is to forget once they forgive. Forgetting leaves room for repetition. Whatever the situation, remember to move forward and learn from your experiences.

These pearls should aid you in your quest for balance, but results will vary depending on the number of interests you are attempting to balance and the acuity of events occurring in each of those interests. Most importantly, it is up to you to edit your plate. Know you have choices every step of the way, and remember you have mentors and support networks to help you.

Summary

As you get started in your role as clinical coordinator, remember you are playing the long game. To make a positive impact and have influence, take the time to gather the information you need. Invest in those around you and in yourself in a productive way. Come back to the beginning occasionally to re-center as well as appreciate the progress you have made. Most of all...enjoy the ride!

PRACTICE TIPS

1. Do your homework and get to know your institution, team, requirements, and yourself.
2. Stand for something, and set a clear vision. Be authentic in your approach.
3. Edit your plate wisely. Making smart choices about how you spend your time will keep you effective and balanced.

References

1. White S, Tryon J. How to find and succeed as a mentor. *Am J Health-Syst Pharm.* 2007;64:1258-1259.
2. Frankl VE. <http://www.brainyquote.com/quotes/quotes/v/viktorefr160380.html>. Accessed November 5, 2014.
3. Doran GT. There's a S.M.A.R.T. way to write management's goals and objectives. *Management Review (AMA FORUM).* 1981;70(11):35-36.
4. Yemm G. *Essential Guide to Leading Your Team: How to Set Goals, Measure Performance and Reward Talent.* New York, NY: Pearson Education; 2012:37-39.
5. <http://www.ashp.org/DocLibrary/MemberCenter/SICP/Get-Involved.pdf>. Accessed November 5, 2014.
6. <http://www.ashp.org/menu/PracticePolicy/ResourceCenters/Credentialing-and-Privileging-Resource-Center>. Accessed November 5, 2014.
7. The Council on Credentialing in Pharmacy. *Credentialing in Pharmacy: A Resource Paper.* Washington DC: The Council on Credentialing in Pharmacy; 2010.

Suggested Reading

- Covey SR. *7 Habits of Highly Effective People.* New York, NY: Free Press; 1989.
- DiSC profile. www.onlineDiSCprofile.com.
- George B. *Authentic Leadership.* San Francisco, CA: Jossey-Bass; 2003.
- Maxwell J. *The 360° Leader: Developing Your Influence from Anywhere in the Organization.* Nashville, TN: Nelson Business; 2005.
- Myers-Briggs. <http://www.myersbriggs.org/my-mbti-personality-type/take-the-mbti-instrument/>.
- Wollenburg K. Leadership with conscience, compassion, and commitment. *Am J Health-Syst Pharm.* 2004; 61(17):1785-1791.